

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040013

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10203

FILED NOV 1 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN ST. Louis

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. ANTHONY HOSP.

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY

OR TOWN

ST. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

6041 FYLER

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

JOHN

J.

BLAZICEK

4. DATE OF DEATH

Month

Day

Year

OCT

23

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

MAY 8, 1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

SHOE WORKER

11. BIRTHPLACE (City and state or country)

Bohemia

12. CITIZEN OF WHAT COUNTRY

U S A.

13a. FATHER'S NAME

JOHN BLAZICEK

13b. MOTHER'S MAIDEN NAME

MARY JANET

14. NAME OF HUSBAND OR WIFE

MAGDALEN BLAZICEK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MAGDALEN BLAZICEK

Address

6041 FYLER

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

myocardial failure

myocarditis

arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

48 hours

3 years

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

422.1

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1959 to Oct 22 1962 and last saw her alive on Oct 22 1962

Death occurred at 11 15 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Phil Bardenhies MD

22b. ADDRESS

6400 Morganford Rd St Louis 16 Mo

22c. DATE SIGNED

10-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

OCT 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION CEM.

23d. LOCATION (City, town, or county)

ST. Louis Co

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Butts 2906 Gravois

25. DATE RECD. BY LOCAL REG.

OCT 25 1962

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mr. Phil Baudenheiser  
6400 Maryland  
FL 3-5081

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed La. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Maple

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.